



# HRSC-SW BULLETIN

SUBJECT: FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) OPEN SEASON 2002  
NOVEMBER 12 - DECEMBER 10, 2001

# 11

Date Issued: November 5, 2001

INTENDED AUDIENCE:  
HRSC SERVICED EMPLOYEES

The FEHB open season will be held from November 12 through December 10, 2001. During open season, any eligible employee who is not currently registered may enroll, and any eligible enrollee may change from one plan or option to another, from self only to self and family, enroll in or waive Premium Conversion, or make a combination of these changes.

Enrollees who wish to continue their current enrollments do not need to take any action during this open season. However, enrollees whose plans will not be participating in the FEHB Program after 31 December 2001, or whose plans dropped the enrollment code in which they are enrolled, MUST enroll in a different plan to continue FEHB coverage in 2002.

Attachment 1 describes significant events affecting certain plans during the upcoming FEHB open season. **Only those plans with enrollees serviced by the Human Resources Service Center Southwest (HRSC-SW) are included on this list.** A complete list of affected plans can be found in the Office of Personnel Management (OPM) Benefits Administration Letter 01-402 of October 3, 2001 that can be found on the OPM web site at <http://opm.gov/asd/htm/2001/01-402.htm>.

**PLEASE NOTE:** There is a significant program change in the largest plan in the FEHB Program. The Blue Cross and Blue Shield Service Benefit Plan is merging its High Option into Standard Option and will add a new Basic Option. Enrollees in Blue Cross and Blue Shield's High Option will be automatically transferred to the Standard Option unless they choose a different plan during open season.

## TYPES OF FEHB PLANS AVAILABLE

There are three basic types of plans available under the FEHB Program:

1. **Managed Fee-for-Service Plans** - These plans reimburse you or your health care provider for covered services after the services are received. If you enroll in one of these plans, you may choose your own physicians, hospitals, and other health care providers.

These plans are considered "managed" because they all contain features such as pre-certification of hospital admissions and utilization review of ongoing care. In addition,

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most of the fee-for-service plans have preferred provider arrangements in many parts of the country. By using preferred providers, you can reduce your out-of-pocket expenses and, in some cases, receive enhanced benefits.

Fee-for-service plans include the Blue Cross Blue Shield Service Benefit Plan, GEHA and plans sponsored by unions and other employee organizations. Several employee organization plans are open to all eligible employees who are full or associate members of the organizations that sponsor the plans; other employee organization plans are restricted to certain groups and/or agencies. (See the employee organization plan brochures for information about membership requirements and membership dues, which are in addition to your biweekly or monthly premiums. Employees who do not pay the required membership dues will have their FEHB coverage terminated.)

**2. Health Maintenance Organization Plans (HMOs)** - These plans provide a comprehensive array of medical services, emphasizing prevention and early detection of disease through contracted physicians, hospitals, and other providers in particular locations.

Each HMO is open to employees within the plan's enrollment area. **You cannot enroll in an HMO if you are located outside its enrollment area. Refer to the plan's brochure if you have any questions about the enrollment area.** If you are enrolled in an HMO, be sure to review the brochure carefully to see if there are any changes in the plan's service area that would require any action on your part.

Some HMOs may require you to complete a form electing a primary physician **in addition** to an FEHB enrollment form (SF-2809). Shortly after you sign up for one of these plans, the HMO will send you an enrollment package. Watch for the physician election form in the enrollment package that the plan provider will send you. Their form must be sent directly to the HMO, not to the HRSC Southwest.

**3. Plans Offering a Point of Service (POS) Product** - Some FEHB plans blend their features. A number of fee-for-service and HMO plans now offer both forms of health care delivery, known as "in network" and "out of network." In an HMO that offers a POS product, the POS product acts like a fee-for-service plan: The HMO's enrollees may use non-affiliated (out of network) providers if they wish, but the services will cost them more--in terms of deductibles and coinsurance--than if they used plan providers.

In a fee-for-service plan with a POS product, the POS product acts like an HMO. If the enrollee agrees to let their medical care be managed by a plan-affiliated gatekeeper physician (in network), the plan enrollee will get enhanced coverage, usually in the form of richer benefits and lower co-pays or coinsurance.

Some FEHB plans offer dental benefits as a part of their plan and those benefits are included in the premium. Some HMOs offer supplemental dental coverage through a contract with a dental provider. These dental benefits have a cost in addition to the FEHB premium and, as such, are not part of the FEHB program. Please read the plan information carefully before making any decisions about selecting a health plan based on the dental coverage.

## PLAN INFORMATION

If you have access to the Internet, all 2002 FEHB Guides and health plan brochures are available from the OPM web site at [www.opm.gov/insure/02/index.html](http://www.opm.gov/insure/02/index.html). The Guides and brochures are available in PDF and text formats for downloading and printing. In addition, the web site contains links from the Guides and brochures to health plan web sites for additional information about the plans, as well as links to other related web sites. This web site also has an interactive tool that employees may use to assist them in making their health care choices.

If you are considering enrolling or making an enrollment change be sure to review the *2002 Guide to Federal Employees Health Benefits Plans*. This FEHB Guide contains a comparison chart that gives general information about each plan and shows the biweekly and monthly premium rates. However, do not rely solely on the FEHB Guide when deciding whether to enroll in or change enrollment to a specific plan. If, after reviewing the FEHB Guide, you decide you are interested in making an enrollment change, consult the plan's brochure for a complete description of benefits.

Brochures also may be available from your local Human Resources Office (HRO). Since there is a limited number of hard copy plan brochures, please return the brochures to the HRO after you have reviewed them. If you change health plans, however, you may keep the brochure for that plan.

## HOW TO ENROLL OR MAKE AN ENROLLMENT CHANGE DURING OPEN SEASON

New enrollments and changes to current enrollments elected during open season will become effective 13 January 2002. If you change plans, any covered expenses incurred between 1 January 2002 and 12 January 2002 will count toward the 2001 deductible of the old plan you had in 2001.

You can now submit your open season election through the Employee Benefits Information System (EBIS). The EBIS is a World Wide Web application that allows you to access general and personal benefit information and to conduct electronic transactions 24 hours a day/7 days a week using a desktop computer that has access to the Internet. Internet-accessible computers are available at many work sites, HRO Self-service Centers, libraries or commercial printing shops (i.e. Kinko's). To access EBIS, go to the Department of the Navy Civilian Information Center Web site at [www.civilianbenefits.hroc.navy.mil](http://www.civilianbenefits.hroc.navy.mil). The screens will guide you through establishing your user account.

By submitting your FEHB open season election through the EBIS, you eliminate the need to submit a hard copy form, and alleviate the concern that a form might not reach the HRSC-SW, Benefits and Performance Division in time to meet the established deadline of December 10, 2001. By using EBIS, your election will electronically flow to your new health carrier within the week of your submission. You might even receive your new enrollment cards from your new health carrier prior to the January 13 effective date if you make your own election through EBIS! If you have any questions about using EBIS, please contact the HRSC-SW, Benefits and Performance Division at 1-800-831-0622, ext. 5554 or (619) 615-5554 or via email at [benefits@sw.hroc.navy.mil](mailto:benefits@sw.hroc.navy.mil).

If you chose to submit a hard copy enrollment form, the SF-2809 is available through the EBIS web site without establishing a user account, or from the HRSC Southwest. If you request the hard copy enrollment form from the HRSC-SW, it should be requested in enough time to allow the form to be mailed to you and the completed form returned to HRSC Southwest prior to the end of open season.

To be considered timely, open season elections that are submitted via hard copy form must be signed by the employee and either postmarked or received at HRSC Southwest, Benefits and Performance Division by 10 December 2001. Completed election forms should be mailed directly from the employee to: Human Resources Service Center Southwest, Benefits and Performance Division Code 43, 525 B Street Suite 600, San Diego, CA 92101-4418.

**Do not submit your hard copy SF-2809 to your on-site HRO or your command's administrative department.**

Elections received by the HRSC-SW but postmarked later than 10 December 2001 will not be processed without supporting information from the employee that clearly documents the reasons beyond their control that prevented them from submitting a timely open season election. Decisions on belated elections will be made on a case-by-case basis.

**In order to avoid disappointment, employees are encouraged to use EBIS to make their own timely FEHB elections no later than December 10, 2001.**

Please note that information you provide by enrolling in the FEHB Program may also be used for computer matching with Federal, state, or local agencies' files to determine whether you qualify for benefits, payments, or eligibility in the FEHB Program, Medicare, or other Government benefits programs.

### **FEHB PREMIUM CONVERSION**

During the FEHB open season, employees have the opportunity to elect to participate or waive participation in FEHB Premium Conversion. Employees who do not want to be subject to the restrictions that apply when they participate in premium conversion must complete Attachment 2, if they have not previously done so, and submit it to the HRSC-SW at the address listed above. Employees who do not want to make a change to their election or do not want to waive participation in premium conversion do not need to submit the form. All elections to participate or to waive participation must be submitted by 10 December 2001 and will be effective 13 January 2002. If an employee thinks that they might need to cancel FEHB coverage or change to self only during the next year without having a Qualifying Life Event (QLE), the employee should consider waiving premium conversion during this open season. In making the decision whether to waive premium conversion, each employee must weigh the financial advantages of participating in premium conversion against the restrictions that go with participation. Additional information on FEHB premium conversion and QLEs is available on the OPM web site at <http://www.opm.gov/insure/health/pretaxfehb/index.htm>.

## **TEMPORARY CONTINUATION OF COVERAGE (TCC)**

You should be aware that if you leave Federal employment, you probably will be eligible for TCC (unless you are separated for gross misconduct). TCC can continue for up to 36 months for dependents who lose eligibility as family members under your enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage because they marry or reach age 22.

TCC enrollees must pay the total plan premium (without a Government contribution) plus a 2% charge for administrative expenses. There are specific time frames within which you or your dependent must enroll for TCC. Contact the HRSC Southwest for more information about TCC.

## **SPECIAL INFORMATION FOR THOSE CONSIDERING RETIREMENT**

Employees nearing retirement age are reminded that to continue FEHB into retirement you must be enrolled in a FEHB plan at the time of retirement and must have been covered under the FEHB program (as an employee or family member) for the 5 years of service immediately preceding retirement. The 5-year requirement is based on 5 years in the FEHB program, not a particular plan. An important note is that CHAMPUS coverage can be included in meeting this 5-year requirement. For example, if an employee is currently covered by CHAMPUS and plans to retire 31 January 2002 he or she can enroll in FEHB during open season and meet the 5-year requirement for continued coverage.

## **QUESTIONS REGARDING FEHB**

Questions regarding FEHB and the open season may be referred to the Benefits and Performance Division at (619) 615-5554 or DSN 245 or toll-free at 1-800-831-0622, ext. 5554. You may also email your questions to [Benefits@sw.hroc.navy.mil](mailto:Benefits@sw.hroc.navy.mil).

## ATTACHMENT 1

SECTION 1 PLANS DROPPING OUT OF FEHB FOR 2002		
Employees in these plans who do not change health plans during open season will not have health benefits for 2002.		
State	Plan	Code
AZ	Cigna Health Care	16
CA	Maxicare Southern California	CM
CA	National HMO Health Plan	MN
DC	George Wash. Univ. Health Plan	E5
DC	Free State Health Plan	LD
FL	Prudential Health Plan	EC
MD	Free State Health Plan	LD
MD	George Wash. Univ. Health Plan	E5
NJ	Physicians Health Services of NJ	2F
OK	Prudential Health Plan	RR, RS
TX	Texas Health Choice, L.C.	UK
VA	Cigna Health Care of VA	W2, W3
VA	George Wash. Univ. Health Plan	E5
WA	First Choice Health Plan	5G
WV	Free State Health Plan	LD
SECTION 2 PLANS REDUCING THEIR SERVICE AREAS BY TERMINATING AN ENROLLMENT CODE		
Enrollees in these enrollment codes who do not change health plans during open season will not have health benefits for 2002.		
State	Plan	Code
CA	Aetna	BU
CO	Aetna	6F
LA	Aetna	NG
PA	Aetna	KL
VA	Aetna	XE

**SECTION 3**  
**PLANS REDUCING THEIR SERVICE AREAS WITHOUT TERMINATING AN**  
**ENROLLMENT CODE**

Enrollees in the area being dropped who do not change health plans during open season will have to travel to their plan's remaining service area to obtain medical care in order to receive full benefits from the plan in 2002.

<b>State</b>	<b>Plan</b>	<b>Code</b>	<b>Counties Dropped</b>
AZ	Aetna	WQ	Graham, Yuma, Yavapai
AZ	PacifiCare	A3	Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Navajo, Santa Cruz, Yavapai, Yuma, Mohave, parts of Pinal
CA	Aetna	2X	Certain towns in San Bernadino, Kerns, and Riverside counties
CA	PacifiCare	CY	Butte, Mariposa, Merced, Napa, San Luis Obispo, Tulare, most of El Dorado
CA	Health Net	LB	Butte, Humboldt, Lake, Sutter, Yuba
CA	Blue Shield of CA	SJ	Napa, Shasta, San Luis Obispo
CA	Blue Cross - HMO	M5	Napa, Shasta, Tehama
DE	Aetna	SU	All of Delaware
GA	Aetna	2U	Burke, Columbia, Glascock, Lincoln, McDuffie, Richmond, Taliafero, Warren, Wilkes
KY	Aetna	7L	Anderson, Bourbon, Clark, Fayette, Franklin, Harrison, Jessamine, Madison, Owen, Scott, Woodford, Henry
NV	PacifiCare	K9	Carson City, Nye, Douglas, Esmeralda, Lyon, Mineral, Storey, Washoe
OK	PacifiCare	2N	Lincoln, Mayes, McClain, Okmulgee, Seminole
TX	PacifiCare	GF	Walker, Brazoria, Chambers, Liberty, Fort Bend, Galveston, Harris, Montgomery
WA	Aetna	8J	Columbia, Walla Walla

SECTION 4 PLANS SPLITTING A SERVICE AREA			
Enrollees in this plan under the 2001 enrollment code shown below should check their plan brochure to determine which 2002 code they should be under			
State	Merging Plans	Code (2001)	Code (2002)
LA	Coventry HealthCare Louisiana	JA	JA, BJ (new code)
Note: code BJ will also add the following counties for 2002: Assumption, East Feliciana, Iberville, Lafeyette, Pointe Coupee, St. Helena, St. James, Vermillion, West Feliciana, Washington			

SECTION 6 SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES			
State	Plan	Code	Counties Added
DC, MD, VA	CareFirst BlueChoice	2G	Expands to cover the entire State of MD
OK	PacifiCare	2N	Muskogee, Washington
UT	Altius Health Plans	9K	Cache, Carbon, Uintah, Washington
WA	Kitsap Physicians Service	VT	Grays Harbor, Pierce
SECTION 7 PLAN NAME CHANGES			
State	Plan Name (Old)	Code	Plan Name (New)
AZ	Intergroup of Arizona, Inc.	A7	Health Net of Arizona, Inc.
DC	CapitalCare	2G	CareFirst BlueChoice, Inc.
LA	Maxicare Louisiana	JA, BJ	Coventry Healthcare of Louisiana
MD	CapitalCare	2G	CareFirst BlueChoice, Inc.
VA	CapitalCare	2G	CareFirst BlueChoice, Inc.
Nationwide	Postmasters	36	PBP Health Plan



SECTION 8 PLANS DROPPING A POINT OF SERVICE PRODUCT			
State	Plan	Code	
CT	BC/BS Service Benefit Plan	104, 105	
GA	BC/BS Service Benefit Plan	104, 105	
KS	BC/BS Service Benefit Plan	104, 105	
LA	BC/BS Service Benefit Plan	104, 105	
LA	Coventry Health Care	JA, BJ See section 4 for other changes to this plan	
MA	BC/BS Service Benefit Plan	104, 105	
MN	BC/BS Service Benefit Plan	104, 105	
MN	APWU	47	
ND	BC/BS Service Benefit Plan	104, 105	
NJ	BC/BS Service Benefit Plan	104, 105	
NY	BC/BS Service Benefit Plan	104, 105	
OK	BC/BS Service Benefit Plan	104, 105	
TX	APWU	47	
SECTION 10 CODE MERGERS			
Enrollees in the codes for 2001 will be automatically transferred to the code for 2002 unless they choose a different plan during open season.			
State	Plan Name	Code (2001)	Code (2002)
FL	Av-Med Health Plan	H5, JF HW, GP, EM	EM

SECTION 11 PLAN MERGERS				
Enrollees in plans that merge will be automatically transferred to the surviving plan unless they choose a different plan during open season.				
State	Merging Plans	Code	Surviving Plans	Code
MI	SelectCare HMO	K6, KP	Health Alliance Plan	52
	Health Alliance	52		
PA	Aetna	SU	Aetna	P3
NJ	Aetna	P3		
SECTION 12 PLANS MERGING OPTIONS				
Enrollees in Blue Cross and Blue Shield's High Option will be automatically transferred to the Standard Option unless they choose a different plan during open season.				
State	Plan	Code	Surviving Plan Option	Code
State	Plan	Code	Surviving Plan Option	Code
Nationwide	BC/BS Service Benefit Plan - High Option	101, 102	BC/BS Service Benefit Plan - Standard Option	104, 105
Nationwide	BC/BS Service Benefit Plan - Standard Option	104, 105		
SECTION 13 PLANS DROPPING AN OPTION				
Enrollees in the Standard Option will be automatically transferred to the Plan's High Option unless they choose another plan for 2002.				
State	Plan	Code	Option Dropped	
NJ, PA	Aetna	P3	Standard Option (see sec. 9 for other changes to this plan)	
SECTION 14 PLANS ADDING AN OPTION				
State	Plan	Code	Option Added	
CO	Rocky Mountain HMO	XJ	Standard Option	
Nationwide	BC/BS Service Benefit Plan	11	Basic Option New Code	

## ATTACHMENT 2

**Human Resources Service Center Southwest  
Benefits and Performance Division, Code 43  
525 B Street, Suite 600  
San Diego, CA 92101-4418**

### Federal Employees Health Benefits (FEHB) Program Premium Conversion Waiver/Election

This form is used to elect or waive pre-tax treatment of employee premium contributions to the FEHB Program. Pre-tax treatment is automatic. You do not need to complete this form unless you elect not to have your FEHB premium contributions deducted on a pre-tax basis, or you previously waived this benefit and now elect to participate.

#### I. PARTICIPANT INFORMATION

Last Name:	First Name:	MI:	SSN:
Agency: Department of the Navy	Agency Address:		Office Phone:

#### II. ELECTION TO WAIVE PARTICIPATION IN PREMIUM CONVERSION

I elect to waive participation in premium conversion and the pre-tax treatment of my FEHB premiums. I would like to have my FEHB premium contributions deducted from my pay on an after-tax basis.

- ☐ This is my initial opportunity to waive participation in premium conversion.
- ☐ I am making this election to waive participation during FEHB Open Season.
- ☐ I wish to waive participation in premium conversion on account of and in accordance with a Qualifying Life Event.

Signature

Date

#### III. ELECTION TO RESTORE PARTICIPATION IN PREMIUM CONVERSION

I elect to have my FEHB premiums deducted from my pay on a pre-tax basis. I understand that I may only change my FEHB premium deductions to an after-tax basis during a subsequent Open Season or upon a Qualifying Life Event. See instructions on back for acceptable events.

- ☐ I am making this election to participate during FEHB Open Season.
- ☐ I wish to participate in premium conversion on account of and in accordance with a Qualifying Life Event.

Signature

Date

#### IV. TO BE COMPLETED BY PAYROLL/PERSONNEL STAFF

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Effective Date
Authorized Agency Official Signature	Date

Privacy Act Statement: This information is collected under 5 C.F.R. § 892 and will be used to process your decision to waive or restore the pre-tax treatment of your FEHB premiums. This information may also be used pursuant to routine uses promulgated by OPM under 5 U.S.C. § 552a(b)(3). Completion of this form is voluntary. However, if this information is not provided, we will be unable to process your waiver or restoration of premium conversion.